

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

May 28, 2003

Re: IRO Case # M2-03-1030

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Orthopedic Surgery. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 63-year-old male who on ___ injured his knee while lifting a boat trailer with a jack when the jack broke. The trailer hit the patient in the left leg, and since then he has suffered from chronic left knee pain. Plain x-rays of the left knee on 3/13/02 were unremarkable. An MRI of the left knee on 3/22/02 demonstrated some mild to moderate degenerative changes with degeneration of the posterior horn of the medial meniscus. The patient underwent arthroscopic knee surgery on 4/17/03. Findings at the time of surgery demonstrated grade II and grade III chondromalacia in focal areas. The patient was treated with physical therapy 11/13/01 to 12/20/01.

Requested Service

Left total knee arthroplasty

Decision

I agree with the carrier's decision to deny the requested treatment.

Rationale

Based on the information presented for this review, there are no clear indications for a total knee replacement at this time. The patient does appear to suffer from chronic subjective knee pain. However, the objective findings on MRI, the arthroscopic findings, and plain X-rays do not support end-stage degenerative joint disease. The patient does have focal areas in the left knee with documented grade II and III chondromalacia, which are considered to be mild to moderate arthritic changes. As previous opinions have stated, other non surgical treatment options for the patient's pain and arthritis have not been exhausted. I have found no evidence of recent plain x-rays of the patient's knee. A simple standing view of the patient's left knee on x-ray would be useful.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:
Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669,
Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308(t)(2)).

Sincerely,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 30th day of May 2003.